STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	Michael E. Donn	Please check the appropriate box and fill in the District number.
MAILING ADDRESS:	135 E/m Street	
CITY:	Bungar	Member of the Senate, District
ZIP CODE:	04401	
PHONE NUMBER:	945-3392	Member of the House, District \sqrt{S}

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed. 3.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

	FLEASE MEER	ACOPYC	T ITHIS STATEMEN	FOR YOUR FILES.	
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
St. A. of Mains	·	Logislata
Sear Day Brewing Co.	3 SHS- Argust.	Restansant Hangouren
	<i>J</i>	
	M SELF-EMPLOYMENT. (For Leg.	islators who are self-employed)
A. Enter the name and address of you	or business, if any, and list the major are	as of economic activity from which you derived a similar business entity, list the major areas of
Name and Address Major of Business Entity	r Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
	N/Δ	
2.		
\$1,000, whichever is greater, and derived such income. If this form	specify the principal type of economic a	ts more than 10% of your gross income or activity of the entity or person from whom you or an established code of professional ethics, from whom the income was derived.
Name of Source	<u>Address</u>	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
l	N/A	
) A	l.	
	ACTICE. (For Legislators who are atte	orneys-at-law only.) List your major areas of
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
	<u> </u>	
2.	~/A	
3		

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
Nanny Smith	135 E/un St. Ba	my Rent
• .		
RT V. DISCLOSURE OF R,000 or more that you received do t list loans from a relative. If non	rring the reporting period, and list	List the names of creditors for any unsecured loans of the major areas of economic activity of each creditor. D
	•	Principal Type of Economic
Name of Creditor	Address of Credit	or Activity of Creditor
•	N/A	
	· · · · · · · · · · · · · · · · · · ·	
		·
gregate value of more than \$300	from a single source. If none, so	ce of each gift of more than \$300. Include gifts with a state.
	•	
	HONORARIA. List the source	e of any honoraria accepted for appearances or speeche
. Daniel .		
· ·	4.	
	······································	
u represented or assisted others for	or compensation of any amount.	IES. Identify each executive branch agency before which if none, so state.
	N/A 3	
	+ ₊	***************************************

	,		1,000 during the reporting period. If none, so state.
			<u> </u>
MOTE TO	ις όνις ορζετικό ΒΥ ΜΕΜ	DEDS OF IMMEDIATE	E FAMILY.
-	COME RECEIVED BY MEM		
list the type	of economic activity representing	each source of income of	\$1,000 or more received by your spouse or depended. Do not include gifts. Indicate (S) beside sources
:hild(ren) du ncome receiv	nng the reporting period and the F ved by spouse and (D) beside sou	rces of income represented to by	dependent(s).
		•	
	Economic Activity		
Tnaa	ting Each Source of one Received		Kind of Income
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1- <u>(+(ac</u>	ry More Dolls & Wolf Gine	9 (mil 1/1/2)(2)	Employmen)
2.			· · · · · · · · · · · · · · · · · · ·
		•	,
3			
4.			
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The intent	ional filing of a false statem	ent shall be a Class E	crime. If the Commission concludes that it
appears th	at a Legislator has willfully	filed a false statemen	t, it shall refer its findings of fact to the
Attorney C	seneral. It the Commission or has willfully filed a false	ctatement the Legisla	gislator has willfully failed to file a required ator shall be presumed to have a conflict of
interest on	every question and shall be	e precluded from votis	ng on any question in committee or in eithe
branch of	the Legislature, and shall no	of attempt to influence	e the outcome of any question. A Legislato
who willfu	lly fails to file a required sta	atement is subject to a	i civil penalty not to exceed \$1,000, payable
the State a	nd recoverable in a civil act	tion. (1 M.R.S.A. § 10	19)
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